



GLOUCESTER CONCORDES Health Screening Questionnaire

Individuals must complete this questionnaire prior to their participation in any club activity.

This questionnaire should be completed each time the individual participates in a club activity.

NAME: _____

PHONE NO. (_____) _____

ACTIVITY DATE AND TIME: _____

The answer to all questions must be “**No**” in order to participate in each club activity.

Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)	Yes	No
Do you have any of the following symptoms? Cough	Yes	No
Shortness of Breath	Yes	No
Runny nose, sneezing or nasal congestion (<i>not related to other known causes such as seasonal allergies etc.</i>)	Yes	No
Sore Throat	Yes	No
Difficulty swallowing	Yes	No
Lost sense of taste or smell	Yes	No
Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?	Yes	No
Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?	Yes	No

If an individual answer “**Yes**” to any of these questions, they are not permitted to participate in any club activities. Please contact your local Public Health Unit.

Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.